



**Valley Bank of Nevada**  
TRADITION WITH VISION

Port # \_\_\_\_\_

**Consumer New Account Information Sheet**

Name of Account: \_\_\_\_\_

**Signer #1**

Customer Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

City of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Primary ID Type: \_\_\_\_\_ Primary ID Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

We need a copy of Drivers License (State Issued Driver's License, US Passport, Military Issued Identification)

Secondary ID Type: \_\_\_\_\_ Last 4 Digits: \_\_\_\_\_ Issued: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

(Debit Card, Major Credit Card, Major Department Store Credit Card, Gas Card)

**Account Expected Activity:**

Estimated monthly cash deposit volume: Amount \$ \_\_\_\_\_ Number of Deposits: \_\_\_\_\_

Estimated monthly cash withdrawal volume: Amount \$ \_\_\_\_\_ Number of Withdrawals: \_\_\_\_\_

Domestic Wires: Yes No

Foreign Wires: Yes No

Estimated monthly total incoming wire activity: Amount \$ \_\_\_\_\_ No. of Incoming Wires: \_\_\_\_\_

Estimated monthly total of outgoing wire activity: Amount \$ \_\_\_\_\_ No. of Outgoing Wires: \_\_\_\_\_

Estimated monthly purchase of cashier's checks : Amount \$ \_\_\_\_\_ No. of Cashier's Checks: \_\_\_\_\_

Estimated monthly incoming ACH activity: Amount \$ \_\_\_\_\_ No. of Incoming ACH: \_\_\_\_\_

Estimated monthly outgoing ACH activity: Amount \$ \_\_\_\_\_ No. of Outgoing ACH: \_\_\_\_\_

Estimated # of checks written per month: Amount \$ \_\_\_\_\_ No. of Written Checks: \_\_\_\_\_

Estimated # of monthly debit card transactions: Amount \$ \_\_\_\_\_ No. of Card Transactions: \_\_\_\_\_

Source of opening funds? \_\_\_\_\_

Purpose of Account? \_\_\_\_\_

For Bank Use	
Opening Deposit \$ _____	Account Opened By: _____
ATM/Debit Card <u>Yes</u> <u>No</u>	Account Approved By: _____
OFAC _____	Superceded By: _____
Chexsystems _____	Call Back By: _____
Check Order _____	
Risk Rating _____	
NAICS Code _____	